### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20160	119			Rep File			CANDI	DATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBI	BYIST			
Name of Filing C	Committee, Ca	andida	te or Lo	obbyist:		COM	1МІТ	TEE	TO ELEC	ΓDAN	LAUG	HLIN							
Street Address:	P.O. BOX	X 177																	
City:	HARRISE	3URG							State:	PA			<b>Zip Code:</b> 17108						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>		
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>		
report type)	ANNUAL REF	PORT	7. <b>X</b>	<b>Year</b> 2024					NG METHO CHECK O				PAPER		<b>/</b>	DISKE	TTE		
Name of Office S	ought by Car	ndidate	e:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
									МО	DAY	YE	AR	rumber	Toolic	REP	•	couc		
									11		5	2024		(SEE IN	STRUCTI	ONS FOR (	CODES)		
Summary of Expenditures		nd	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
			1	.1 26	2	024	Т	<u> </u>	12	:	31	2024							
A. Amount Bro	ught Forward	l From	Last Re	eport				\$			13,3	325.58							
B. Total Monet	ary Contribut	ions A	nd Rece	eipts (From	Sche	dule	I)	\$				50.00							
C. Total Funds	Available (Su	ım Of l	Lines A	and B)				\$			13,3	375.58							
D. Total Expen	ditures (From	n Sched	dule III	I)				\$			7,2	17.38							
E. Ending Cash	Balance (Sul	btract	Line D	From Line (	C)			\$			6,1	58.20							
F. Value Of In-	Kind Contribu	utions	Receive	ed (From So	hedu	le II	)	\$			2,7	58.00							
G. Unpaid Debt	s And Obliga	tions (	From S	chedule IV	)			\$				0.00			1				
					AFF	IDA	VI	T SE	CTION										
PART I - If this is	s a Committee	e repo	rt, treas	surer sign l	nere. I	[f thi	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.						
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	edules	filed	l on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true		
Sworn to and subs	cribed before n day of	ne this		20							S	ignature	of Perso	n Submit	ting Rep	ort			
								- -					Prin	ted Name	e				
My Commission Ex		ignature	5										Ema	il					
	мо		DA	ΛΥ	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber			
Part II- If this is	a report of a	a candi	idate's a	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and belie	ef this	polit	ical	comm	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed before m	e this										Si	ignature o	of Candid	ate				
	day of							_					D.:t						
	Signs	ature						-					Printe	d Name					
My Commission Exp	_	acul C											Ema	il					
	M	0	DA	ΛΥ	YR			•		Area	Code		Da	aytime T	elephor	ie Numb	er		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT DAN LAUGHLIN	From:	11/26/202	2 <u>4</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	50.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	50.00

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	or Candidate		Rep	orting P	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
								PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

### OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	4.			\$	0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
COMMITTEE TO ELECT DAN LAUGHLIN	From:	11/26/2024 <b>To</b> :	12/31/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	2,758.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	2,758.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period	
COMMITTEE TO ELECT DAN LAUGHLIN	From: <u>11/26/2024</u> To: <u>12</u>	<u>2/31/2024</u>

					•	DATE	•		AMOUNT
Full Name of Contributor SENATE REPUBLICAN CAMPAIGN CO	OMMITTEE				мо	DAY	YEAR		
Mailing Address P.O. BOX 457					12	5	2024	\$	2,758.00
City HARRISBURG	State		Zip Code(Plus 4)						
	PA		17108						
Employer of Contributor		•			Occupa	tion			
Employer Mailing Address/Principal	Place of Business	Cit	У	State	Zip (	Code(Plus 4)	Descri	otion	of Contribution
							CALLS		
Enter Grand Total of Part G on S	schedule II. In-Ki	ind C	Contributions D	etaile	d				PAGE TOTAL
Summary Page, Section 3.					_				2,758.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reportir	ng Period			
COMMITTEE TO ELECT DAN L	AUGHLIN		From	11/26	<u>5/2024</u>	То:	12/31/2024
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
DTR CONSULTING							
Mailing Address 210 KELKE	R ST		12	2	2024	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	17102	PROFES	SIONAL SI	ERVICES		
<b>To Whom Paid</b> PNC BANK			мо	DAY	YEAR		
Mailing Address 110 S 32N	D ST		12	2	2024	\$	1,310.00
City CAMP HILL	State	Zip Code (Plus 4)	Descript	l tion of Exp	L enditure	<u> </u>	
	PA	17011	SERVIC	E FEE			
To Whom Paid	·			DAY	VEAD		
CAPITAL ONE			МО	DAY	YEAR		
Mailing Address P.O. BOX 7	1083		12	12	2024	\$	2,365.42
City CHARLOTTE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	<u> </u>	
	NC	28272	CAMPAI	GN RELAT	ED EXPE	NSES	
To Whom Paid			МО	DAY	YEAR		
DAN LAUGHLIN			140		ILAK		
Mailing Address 4619 AUTU	IMNWOOD TRL		12	12	2024	\$	480.56
City ERIE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	16506	REIMBU	RSEMENT			
To Whom Paid			МО	DAY	YEAR		
WINRED							
Mailing Address P.O. BOX 9	891		12	15	2024	\$	2.30
City ARLINGTON	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•	
	VA	22219	SERVIC	E FEE			
To Whom Paid			МО	DAY	YEAR		
PNC BANK							
Mailing Address 110 S 32N	D ST		12	31	2024	\$	2,059.10
City CAMP HILL	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•	
	PA	17011	BANK C	ORRECTIO	N		
Enter Grand Total of Expen			_				PAGE TOTAL